

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
**ALLIED HEALTH VERIFICATION**  
for 20-hour Kansas Home Health Aide Certification

Complete this form and attach the following:

**copy** of identification with current name & social security number (such as driver's license, social security card)  
an application fee of \$20.00 (check or money order)

**an OFFICIAL** transcript from current training program or a copy of professional license (if expired, must be within the last 24 months)

**All fees are NOT refundable**

**Candidate Information**

**Name** \_\_\_\_\_  
Last First MI Other  
(maiden/surname)

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex** \_\_\_\_ Male \_\_\_\_ Female

**Address** \_\_\_\_\_  
Street City State Zip

**Phone Number** Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Please mark the highest level of education received:**

- |                                                         |                                                |                                                   |
|---------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> (N) No high school             | <input type="checkbox"/> (D) Diploma Nurse(RN) | <input type="checkbox"/> (M) Master's Degree      |
| <input type="checkbox"/> (H) High school diploma or GED | <input type="checkbox"/> (A) Associate Degree  | <input type="checkbox"/> (E) Education Specialist |
| <input type="checkbox"/> (L) Licensed Practical Nurse   | <input type="checkbox"/> (B) Bachelor's Degree | <input type="checkbox"/> (P) PhD                  |

**Check which applies (a suspended or revoked licensure will make you ineligible for the test):**

Training		Licensure
<input type="checkbox"/> RN	<u>OR</u>	<input type="checkbox"/> RN State
<input type="checkbox"/> LPN		<input type="checkbox"/> LPN State
<input type="checkbox"/> LMHT		<input type="checkbox"/> LMHT State

**Check Test Site Preference:**

<input type="checkbox"/> Atchison	<input type="checkbox"/> Dodge City	<input type="checkbox"/> Independence	<input type="checkbox"/> Parsons
<input type="checkbox"/> Beloit	<input type="checkbox"/> El Dorado	<input type="checkbox"/> Iola	<input type="checkbox"/> Pittsburg
<input type="checkbox"/> Burlingame	<input type="checkbox"/> Emporia	<input type="checkbox"/> Kansas City ATS	<input type="checkbox"/> Pratt
<input type="checkbox"/> Chanute	<input type="checkbox"/> Fort Scott	<input type="checkbox"/> Kansas City CC	<input type="checkbox"/> Salina
<input type="checkbox"/> Coffeyville	<input type="checkbox"/> Garden City	<input type="checkbox"/> Liberal	<input type="checkbox"/> Topeka
<input type="checkbox"/> Colby	<input type="checkbox"/> Great Bend	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Wichita
<input type="checkbox"/> Concordia	<input type="checkbox"/> Hays	<input type="checkbox"/> Merriam	<input type="checkbox"/> Winfield
	<input type="checkbox"/> Hutchinson		

**Candidate's Signature**

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. *I have attached a **copy** of an identification document with my current name, social security number, and an official transcript or copy of professional license.*

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

Return this form and attachments to:

**Health Occupations Credentialing, KDHE**  
**Curtis State Office Bldg. 1000 SW Jackson, Ste 200**  
**Topeka KS 66612-1365**

KDHE USE ONLY: Approval Date

Test Date

Candidate, **please note:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. You will receive a Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.
6. Nurse aide certificates are issued to those who achieve a score of at least seventy percent (70%) on the nurse aide test.
7. The nurse aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course.** You then have two remaining opportunities to pass the test within one year from the approval date designated above.
8. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE  
Curtis State Office Bldg, Suite 200  
Topeka, Kansas 66612-1365  
(785) 296-1250**

Web site: [www.kdheks.gov/hoc](http://www.kdheks.gov/hoc)